SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Lish Nessel back Complete This Section on Delivery Signature Agent Addressee C. Date of Delivery C. Date of Delivery C. Date of Delivery C. Date of Delivery Agent Addressee C. Date of Delivery C. Date of Delivery

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Big Stone City, 57216 9590 9402 5885 0038 9852 52 2. Article Number (Transfer from service labell 7016 0340 0000 7693 8370	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Collect Mail Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery	
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9590 9402 5885 0038 9852 69 2. Article Number (Transfer from service label) 7016 0340 0000 7673 841	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)	 □ Priority Mail Express® □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
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